

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Thomas Enright dba/
Diamond Transportation

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-247-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was Assigned and should be entered above.

(Please type or print)

Submitted by: Thomas Enright

Telephone: 203-964-6727

Address: 5 Cuntree Rd C-3

Fax: 203-531-6401

Hilton Head SC 29926

Other:

Mail: 9 Ocean View Ave Greenwich Ct 06830

Email: EASTCOSTICE@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

PSC SC
DOCKETING DEPT

RECEIVED

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

62

See

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXI

DATE 5/21, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Diamond Transportation

Thomas Enright dba

2. (a) Street Address of Applicant 5 Gumtree Rd C-3

Hilton Head S.C. 29926

- (b) Mailing address, if different from street address 9 OCEAN VIEW AVE

Greenwich Ct 06830

- (c) Telephone Number 203-964-6727

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: MAY Year: 2009

Assets:	
Cash	40K
Receivables	
Real Estate	1 Million
Buildings and Equipment-Net	
Motor Vehicles-Net	100K
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	1,140
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	300K
Equipment Obligations	50K
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	350K
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	350K

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF Connecticut
~~SOUTH CAROLINA~~

COUNTY OF Fairfield

I, Thomas Enright, Owner
(Name of Applicant's Representative) (Title)

of Diamond Taxi + Limo, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 30th day of May 2009
Darlene Enright
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: 5/31/2011

EXHIBIT C

CLASS C

TAXI ☒CHARTER ☐

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant

Diamond Transportation

For the transportation of passengers as follows:

* Area to be served: Beaufort County, Bluffton, Hilton Head,* Number of passengers: 7* Fares: 25.00 + 1.50 per mile for 1st 2 people
5.00 per person additional

Date

5/21/09

Applicant

Thomas Enright

Title

Owner

Rev.10/03

PSC Fax
803-896-5199

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
------	-----------------	-------	-----------------	------------------------

Vehicles Not Purchased yet.

* Seats if passenger carrier.

Date: 5/29/09

Thomas Enright
(Applicant)

(Applicant's Representative)

Owner
(Title)

32

INSURANCE QUOTE

The following insurance quote is for:

Diamond Transportation
(Name of Motor Carrier)
5 Gumtree Rd Hilton Head SC 29926
(C-3) (Address of Motor Carrier)

Amount of Premium:

Liability Insurance \$3161

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Markel Insurance Company
(Insurance Company Name)

310 Highway 35 South Red Bank, NJ 07701
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6/2/09 Micah Hany
Date (Authorized Insurance Company Representative)

Rev 5/07

American Business Insurance Services Inc.

The Livery Experts!

INSURANCE PROPOSAL

Quote expires in 7
days, or Proposed
Effective Date.

Thomas Enright dba Diamond Transportation

Proposed Effective Date

TBD

Annual Policy, 12 Months

**Your Partner
For Security**

A Rated Insurance Company

Insurance Company

Markel Insurance Company

I. Coverages

Limits of Coverage

• Automobile Liability

25,000/50,000/25,000

Split Limit

• Uninsured Motorists

25,000/50,000/25,000

Split Limit

• Underinsured Motorists

No Coverage

• Personal Injury Protection

No Coverage

• Collision Coverage

No Coverage

Liability

Collateral

\$0 Per Claim

Admitted Company

- Higher Coverage is Available

IV. Terms & Conditions

- Specified Vehicles Only.
- All Drivers Must Meet Driver Guidelines.
- Vehicle added when approved by company.
- 25% Minimum Earned Premium

I. In Order To Bind

(Customer or Retail Agent check list)

- ☐ Fax Signed Application
- ☐ Fax back any changes to final FLEET LIST.
- ☐ Fax back any final changes to DRIVERS LIST.
- ☐ Fax DOWN PAYMENT, we cash your faxed check.
- ☐ Fax back Signed Proposal

ABI Premium Financed- Retail

II. Premium & Payment Terms

Number of Units	1	Per Unit	Total Annual
Automobile Liability		\$3,137.00	\$3,137.00
Uninsured Motorists		\$24.00	\$24.00
Agency Fee:			
Inspection Fee:			
GA/Surplus lines fee			
State SL Fee:		0.000%	
State Tax:		0.000%	
Total Annual Due			\$3,161.00

Finance Charge Included

Down Payment

\$632.00

% Down

20%

Monthly Payment

\$297.95

Installments

9

First Payment
due in 30 days

X Make Check Payable to ABI: FAX DOWN Payment to (800) 980-1950 (we cash your faxed check) DO NOT mail original.

American Business Insurance Services, Inc.

ABInsurance.com

I am authorizing my broker to sign my premium finance agreement Questions? Call (800) 980-1950

Lic 762658

Sign Here and Return

X

Nichole Haley (ext 14)

Account Executive

Version 12/08

The final coverages may differ from what is listed in this Proposal, please see the "INSURANCE BINDER" for coverages you purchased.